



2fwd
CASE: CL/V-32813A/CVA

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

Jennifer China
Type or print name

Jennifer China
Signature

May 6, 2005
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF
LINDACHER, ET AL.
APPLICATION NO: 10/762,039
FILED: January 21, 2004
FOR: OPHTHALMIC LENSES

EXAMINER:
SUGARMAN, SCOTT J
ART UNIT: 2873

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT A

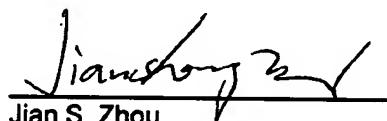
Sir:

The Office Action dated March 24, 2005 from Examiner Scott J. Sugarman of Art Unit 2873 has been received and reviewed. The following is in response thereto.

05/18/2005 1514LLS 20000002 502965 10762039
15 15:1202 18.00 DA

Should the Examiner believe that a discussion with Applicants' representative would further the prosecution of this application, the Examiner is respectfully invited to contact the undersigned. Please address all correspondence to Robert Gorman, CIBA Vision, Patent Department, 11460 Johns Creek Parkway, Duluth, GA 30097. The Commissioner is hereby authorized to charge any other fees which may be required under 37 C.F.R. §§1.16 and 1.17, or credit any overpayment, to Deposit Account No. 50-2965.

Respectfully submitted,



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Date: May 6, 2005

CIBA Vision
Patent Department
11460 Johns Creek Parkway
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	58	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	58 minus 20 =	38
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

and

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	59	Minus	58 = 1
Independent	4	Minus	4 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	+150.00	OR BASIC FEE	300.00
X\$ 25 =	385	OR X\$50 =	770
X100 =	18	OR X200 =	1084
+145	145	OR X200 =	840
+180 =		OR X100 =	210
		OR X50 =	150
		TOTAL	1540
		OR TOTAL	1540

SMALL ENTITY
OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25 =		OR X\$50 =	18
X100 =		OR X200 =	
+180 =		OR +360 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	18

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25 =		OR X\$50 =	
X100 =		OR X200 =	
+180 =		OR +360 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25 =		OR X\$50 =	
X100 =		OR X200 =	
+180 =		OR +360 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.